

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained, insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
County <u>Cochise</u>			BUREAU OF VITAL STATISTICS	State Index - No. <u>4</u>
District <u>Douglas</u>			ORIGINAL CERTIFICATE OF DEATH	County Registrar's No. <u>183</u>
Town <u>Douglas</u>				Local Registrar's - No. _____
Or City <u>Douglas</u>				
No. <u>624 - 3rd Street</u> St.			(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
FULL NAME <u>Emily D. Young</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race White <u>Indian</u> Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>3/13/23</u> (Month) (Day) (Year)	
DATE OF BIRTH _____.192_____ (Month) (Day) (Year)			I hereby certify that I attended deceased from _____ 192_____, to _____ 192_____; that I last saw h. _____ alive on _____ 192_____, and that death occurred on the date stated above at <u>11-0</u> M. The DISEASE or INJURY causing death was as follows: <u>Arteriosclerosis</u> (Duration) _____ yrs. _____ mos. _____ days	
AGE <u>86</u> yrs. _____ mos. _____ days If less than 1 day hrs. or _____ min.			Was disease contracted in Arizona? _____ If no, where? _____	
OCCUPATION (a) Trade, profession or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____			CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days	
BIRTHPLACE (State or Country) <u>Pennsylvania</u>			(Signed) <u>J. H. Young</u> <u>3/14/23</u> 192____ (Address) <u>Douglas</u>	
PARENTS	NAME OF FATHER <u>Joseph Booth</u>		*If death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal or Homicidal.	
	BIRTHPLACE OF FATHER (State or Country) <u>Pennsylvania</u>		LENGTH OF RESIDENCE	
	MAIDEN NAME OF MOTHER <u>Not known</u>		At place of death _____ yrs. _____ mos. _____ ds. In Ariz. _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF MOTHER (State or Country) <u>Not known</u>		Former or Usual Residence _____	
The Above is True to the Best of My Knowledge.				
(Informant) <u>H. M. Young</u>				
(Address) <u>624 - 3rd Street</u>				
PLACE OF BURIAL OR REMOVAL <u>Douglas</u>		DATE OF BURIAL OR REMOVAL <u>3/16/23</u> 192____		
UNDERTAKER <u>Ed Porter</u>		ADDRESS <u>Douglas</u>		
Filed <u>3/15</u> 192 <u>3</u>			Local Registrar <u>J. H. Young</u>	
Filed <u>47</u> 192 <u>3</u>			County Registrar <u>R. W. Young</u>	